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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/593,424			ing Date 18/2007	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN ALL ENTITY	
FOR			NUMBER F	LED NL	NUMBER EXTRA		RATE (\$)	FEE (\$)	П	RATE (\$)	FEE (\$)	
BASIC FEE (37 CFR 1.16(a), (b), or (c))			N/A		N/A		N/A]	N/A		
SEARCH FEE (37 CFR 1 16(k), (i), or (m))			N/A		N/A		N/A			N/A		
EXAMINATION FEE (37 CFR 1 16(o), (p), or (q))			N/A		N/A		N/A			N/A		
TOTAL CLAIMS (37 CFR 1.16(i))			mi	nus 20 = *		l	x \$ =		OR	x s =		
INDEPENDENT CLAIMS (37 CFR 1.16(h))			minus 3 = *			1	X \$ =		1	X \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE	If the specification and drawings excr sheets of paper, the application size is \$250 (\$125 for small entity) for ead additional 50 sheets or fraction there 35 U.S.C. 41(a)(1)(G) and 37 CFR 1									
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))]			
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL]	TOTAL		
APPLICATION AS AMENDED – PART II (Column 1) (Column 2) (Column 3) SMALL ENTITY									OR	OTHER THAN OR SMALL ENTITY		
AMENDMENT	08/26/2011	CLAIMS REMAININ AFTER AMENDME		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1 16())	* 38	Minus	28	= 10]	X \$ =		OR	X \$52=	520	
	Independent (37 CFR 1.16(h))	• 4	Minus	·3	- 1]	X \$ =		OR	X \$220=	220	
Ž	Application Size Fee (37 CFR 1.16(s))											
Ĺ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	740	
(Column 1) (Column 2) (Column 3)												
ENDMENT		CLAIMS REMAINII AFTER AMENDM	NG I	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1,16())	•	Minus		-	1	X \$ =		OR	x s =		
M	Independent (37 CFR 1 16(h))		Minus	***	-]	X \$ =		OR	x s =		
ΙŲ	Application Size Fee (37 CFR 1.16(s))					1			l			
AME	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20". **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".												

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPT To to proceed) an application of the completion of the completi ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.